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|--|-----------------|--------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s) |  |
|  | 10/757,275      | SUH, JUNGWON |  |
|  | Examiner        | Art Unit     |  |
|  | TRONG PHAN      | 2818         |  |

| ISSUE CLASSIFICATION   |          |   |   |      |                    |                                   |     |     |  |
|--|----------|---|---|------|--------------------|-----------------------------------|-----|-----|--|
| ORIGINAL   |          |   |   |      | CROSS REFERENCE(S) |                                   |     |     |  |
| CLASS  | SUBCLASS |   |   |      | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |     |  |
| 365  | 222      |   |   |      | 365                | 230.03                            | 233 | 236 |  |
| INTERNATIONAL CLASSIFICATION   |          |   |   |      |                    |                                   |     |     |  |
| G  | 1        | 1 | C | 7/00 |                    |                                   |     |     |  |
| G  | 1        | 1 | C | 8/00 |                    |                                   |     |     |  |
|  |          |   |   | /    |                    |                                   |     |     |  |
|  |          |   |   | /    |                    |                                   |     |     |  |
|  |          |   |   | /    |                    |                                   |     |     |  |
| <div style="display: flex; justify-content: space-between;"> <div> <i>(Assistant Examiner)</i> (Date)<br/> <i>G. Stenly</i> 8-24-04<br/>             (Legal Instruments Examiner) (Date)           </div> <div> <i>phauorony</i><br/>             TRONG PHAN 8/17/04<br/>             (Primary Examiner) (Date)           </div> <div>             Total Claims Allowed: 24<br/> <div style="display: flex; justify-content: space-around;"> <div>O.G.<br/>Print Claim(s)<br/>1</div> <div>O.G.<br/>Print Fig<br/>1</div> </div> </div> </div> |          |   |   |      |                    |                                   |     |     |  |

|   |          |                              |          |                               |          |                                 |          |
|---|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final   | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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